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AUTHOR Shreve, Barry W.; Kunkel, Mark A.
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ABSTRACT

Using the psychoanalytic self-psychology of Heinz Kohut as the theoretical foundation, this article discusses the role of shame in adolescent suicidal behaviors. Shame is described as an essential aspect of adolescent suicidal behavior because of the significance of the stage of adolescence in the development of the healthy self. Normal self-development is described and important issues pertinent to the development of the self during adolescence are explored. Finally, general suggestions for the treatment of the disturbed adolescent are discussed from a self-psychological perspective. Twleve references are included. (Author)

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The Role of Shame in Adolescent Suicide: A Self-Psychological Perspective

Barry W. Shreve

Salisbury State University

Mark A. Kunkel

Texas Tech University

CG022242

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Abstract

Using the psychoanalytic self-psychology of Heinz Kohut as the theoretical foundation, this article discusses the role of shame in adolescent suicidal behaviors. Shame is described as an essential aspect of adolescent suicidal behavior because of the significance of the stage of adolescence in the development of the healthy self. Normal self-development is described and important issues pertinent to the development of the self during adolescence are explored. Finally, general suggestions for treatment of the disturbed adolescent are discussed from a self-psychological perspective.

The Role of Shame in Adolescent Suicide: A Self-Psychological Perspective

The problem of adolescent suicide is of increasing concern to the mental health professional. Recent estimates of the rising rate of suicides among this group over the past 30 years have ranged from 200 to 300 percent (Ross, 1980; Strother, 1986) and suicide is now the third most common cause of death among individuals between the ages of 15 and 24. This means that each year over 5,000 young people commit suicide, with reported attempts numbering over 250,000. Today more than ever before counselors need to have an adequate theoretical foundation upon which they can base their approach to helping suicidal adolescents. The goal of this article is to provide such a foundation by describing the basic concepts of Heinz Hohut's psychoanalytic self-psychology and exploring its contribution to the understanding of the role of shame in adolescent suicidal behavior.

Psychoanalytic Self Psychology

Self psychology is a major extension and revision of classical psychoanalytic theory and as such is a collateral theory of personality (Patton and Sullivan, 1980). Kohut (1971) proposed that the central organizing and directing psychological structure of the individual is the self. In his later works, Kohut (1977, 1978, 1984) further and more completely described the basic principles of what has become known as self-psychology.

In brief, Kohut proposed that there is a nuclear self that is the central, integrating center of the personality. Furthermore, he removed the judgmental and negative connotation of the term narcissism and suggested that narcissism is a normal expression of the self rather than some pathological development. Through the healthy expression of the self (i.e., narcissistic expression) the self progresses through a series of stages, from the infantile through to the adult.

This self consists of three sectors which Kohut refers to as a) the grandiose pole, b) the idealized pole, and c) the intermediate pole of talents and abilities. Kohut (1977, 1984) described the progression and development of the areas of the self beginning with the consolidation of the self as a psychological structure around 18 to 24 months. The grandiose pole is the earliest sector to develop and is considered the most basic part of the self. The second pole or sector of the self (the idealized parental imago or idealized pole) is felt to be the next to develop, followed by the intermediate pole of talents and abilities.

Each of the sectors of the self is supported and sustained by specific intrapsychic relations called self-selfobject relations. It is through these relations that the individual experiences itself in relation to the external world. In the simplist of terms, a self-selfobject relation is a representation of self and other in which the other is experienced as being

essentially a part of the self. Kohut identified three forms of self-selfobject relations: mirroring, idealizing and alter ego. These structures promote and sustain the cohesion of their related sectors of the self. In simplistic terms, these self-selfobject relations are the individual's experiencing of some aspect of the other as performing essential psychological functions for the continued experiencing of the self as cohesive and intact. It is important for counselors to realize that the need for self-selfobject relations is life long, and that the self never "outgrows" the need for psychological sustainance.

Each sector of the self progresses along an independent line of development as a result of age appropriate empathic support and/or failure by those significant others in the individual's environment who perform important psychological functions for the individual (the selfobjects of the individual). Each sector of the self has a corresponding form of self-selfobject relation which serves to support and sustain the individual's sense of self. The grandiose sector of the self is sustained by mirroring self-selfobject relations, the idealized sector by idealizing self-selfobject relations and the intermediate pole of talents and abilities by the alterego self-selfobject relations. The dominant form of self-selfobject relation in any individual's life fluctuates, but at certain developmental stages one or another type predominates.

For the adolescent, the important form of self-selfobject is the alter-ego self-selfobject relation. The alter ego self-selfobject relation has as its elementary form the infant's awareness of being surrounded by like beings, the sights and sounds indemic to human contact. Later solidification of this sector occurs with the increased development of pseudo-work and recreational activities which closely resemble and mimic those of the parents. The phase of adolescence is, however, the time when this sector undergoes its greatest transformation and crisis. Kohut (1978) suggests that adolescence is a period during which old fears of self-disintegration are reactivated. Wolf, Gedo, and Terman (1972) describe the phase appropriate turning away from parental influences and movement towards individual ideals, goals, and values which occurs during adolescence. According to Wolf et al (1972), the crucial intermediate step in this process is the establishment of alterego self-selfobject relations. Significant peers are employed by the healthy self to sustain and support the adolescent's sense of self during this critical period of transformation. During adolescence, then, the idealizations of youth are cast off and temporarily replaced by a dependence on the peer group for support of the self. When an adolescent is unable to establish important relations with peers, an important source of psychological support is unavailable. Such an adolescent may develop any of a number of dysfunctional self-expressions; disturbances of affect (e.g., chronic

depression, frequent expressions of rage), behavioral disturbances (repeated acts of violence, sexual acting out), work inhibitions, etc., etc. Patton and Robbins (1982) point out that these are attempts of the self to either compensate for or defend against the experienced defect in the self. These adolescents are extremely succeptible to experiencing a debilitating degree of the affect we have labeled shame.

Shame, like any affect, becomes a serious form of personal difficulty when it disrupts normal intellective functions and the person becomes overwhelmed and immobilized by it. To mitigate the feeling of degradation that accompanies shame, persons who are shame prone may act impulsively to escape from it, use anger or arrogance to inflate their sense of self worth, try to avoid those situations in which they fear such experiences will occur to them, or all of these and more. An extreme example of an attempt to escape from the pain of shame is the suicidal act. Shame motivated suicide, attempted suicide, and the contemplation of suicide as a method of escaping a profound sense of shame are being increasingly reported as counselors and other mental health professionals look beyond the traditional loss/depression/anger models of suicidal behavior. The shamed, vulnerable adolescent is a distant and elusive figure, having severed what relationships he/she may have left which could possibly serve as future supports. This is a progressive pattern which increases as the potential suicide becomes more sensitive to and expectant

of negative evaluations from others (Trout, 1980). As the adolescent becomes more isolated, old relationships atrophy and new ones are avoided. Suicidal thinking or behaviors may result as an intergral part of the feelings of shame, in an effort to ameliorate the feelings of shame, to prevent further deterioration of the sense of self, as a last ditch effort to defend against being overwhelmed by unwanted emotions, or all of these simultaneously (Shreve & Patton, 1988).

Treatment Considerations

Treatment of the shame-motivated suicidal adolescent from a self-psychological perspective incorporates many of the same aspects as other therapeutic approaches. Of greatest importance for the self psychologist is the adolescent's experience of the loss of a his/her selfobject relations, particularly in the case of an adolescent with few other secondary support systems. For the vulnerable adolescent this loss is particularly intolerable, and is exacerbated by the ongoing need for support. Given the continuing but unfulfilled need to re-establish the missing self-selfobject relation, suicidal thinking and behavior is viewed from the self-psychological perspective as an attempt to cope with a perceived psychological loss and the resultant blow to the integrity and cohesiveness of the self.

It is essential to realize that what may appear to be frustrating and self-defeating patterns of behavior (i.e., the adolesent's defensive behaviors) are not the cause of the

suicidal feelings, but rather the attempts of an enfeebled, vulnerable self to protect itself from fragmentation and dissolution. If the counselor attacks these defenses directly, the result may be a crack in the adolescent's defensive armor, however, the adolescent client may feel increasingly vulnerable and merely erect new, more formidable defenses. The essence of treatment from a self-psychological perspective is to communicate to the client that the counselor understands that the client needs his/her walls and protective mechanisms. This establishes a bond of understanding between the counselor and the client, and the client feels understood (Shreve, 1983). This foundation of mutual understanding can then be used as the beginning of the joint exploration of the historical basis of the development of the adolescent's specific self-pathology and of their self-defeating defenses.

Given the principles of self psychology, the fundamental issue to be explored will be the re-establishment of appropriate psychological supports (i.e., self-selfobject relations). If the counselor maintains the recommended posture of empathy, understanding, and curiosity the adolescent will establish a therapeutic self-selfobject relation with the counselor as the focus. It is the working through of this re-enactment of an earlier self-selfobject relation which will ultimately be the curative factor in treatment. With the vulnerable, suicidal adolescent, it can be anticipated that this relationship is

likely to be powerful and intense. Such clients can be exhausting for counselors to work with, and it is important for the counselor to have available to him/her as much personal and professional support as possible.

The challenges presented to the counselor by the suicidal adolescent are many. This article has attempted to introduce a conceptual framework using psychoanalytic self-psychology to help understand the dynamics behind adolescent suicidal behavior. The importance of shame has been described and specific treatment recommendations outlined. All too often treatment approaches are lacking in theoretical foundations. The use of self-psychology to direct the treatment of the suicidal adolescent is a valuable step towards a real life application of a theoretical system.

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